



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

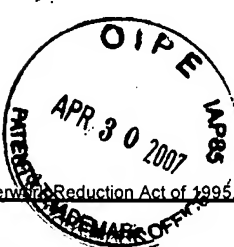
<i>Allen</i>)	Art Unit:	3729
)		
Serial No.:)	Examiner:	Kim
)		
Filing Date:)	Docket No.:	HSJ9-2003-0144US1
)		

For: "Damascene Method For Forming Write Coils Of Magnetic Heads"

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR RECONSIDERATION
(WITH CORRECTED SECTION)

The Applicant respectfully submits this Amendment and Request for Reconsideration (*With Corrected Section*) in response to the Office Action for the above-referenced patent application mailed on 29 November 2006, as well as the Notice of Non-Compliant Amendment mailed on 26 March 2007



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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

12

Application Number

10/735,112

Filing Date

12 December 2003

First Named Inventor

Allen

Art Unit

3729

Examiner Name

Kim, Paul D.

Attorney Docket Number

HSJ920030144US1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	John J. Oskorep, Esq. LLC		
Signature			
Printed name	John J. Oskorep		
Date	27 April 2007	Reg. No.	41,234

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	John J. Oskorep	Date	27 April 2007

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